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Bib Data Sheet

CONFIRMATION NO. 2984

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/524,872 | <b>FILING OR 371(c) DATE</b><br>02/14/2005<br><b>RULE</b> | <b>CLASS</b><br>700 | <b>GROUP ART UNIT</b><br>2125 | <b>ATTORNEY DOCKET NO.</b><br>GLN-058US |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Peter Mori, Walperswil, SWITZERLAND;  
Heinz Wuthrich, Worblafen, SWITZERLAND;  
Beat Stulz, Fribourg, SWITZERLAND;  
Claude Clement, Lussy-sur-Morges, SWITZERLAND;

OK MMB

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/CH03/00505 07/25/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 02405693.9 08/14/2002

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\*\* SMALL ENTITY \*\*

|  |  |                            |                           |                                |
|--|--|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>SWITZERLAND | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                            |                           |                                |
| Verified and Acknowledged <u>MMMB</u> Examiner's Signature Initials  |  |                            |                           |                                |

## ADDRESS

26003

## TITLE

Device for programming a pump used to inject medicaments

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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